



Governance Board Minutes

June 25, 2015

Board Members Present:

- John Wendling, Co-Chair
- Pat Connell, Co-Chair
- Connie Barnes
- Jennifer Genzler
- Shannon Engler
- Alan Green
- Lisa Casullo
- Teresa Danforth
- Andrew Shapiro
- Janine Fromm
- Lisa Christensen
- Ken Timmerman
- Lori Hack

Other Invitees:

- Tamara Gavin
- Jamaree Maack

Public Agenda

A. Approval of Minutes:

Pat moved to approve the minutes as written for March, and Alan seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

None

C. Committee Recommendation

Tamara presented the Clinical Advisory Committee charter with edits proposed by the committee. Per Magellan's contract with Medicaid, the committee is required to review each of the Clinical Practice Guidelines every year. Because there are so many, it takes the committee a year to review

all of the Clinical Practice Guidelines, and when they finish they have to start again. The process has caused the committee to spend much of their time reviewing documents, which takes away from the opportunity focus on other initiatives and burns out committee members on participation. The committee recommended that the CPGs be reviewed every other year, with the ability to review more frequently if there was a significant change that would necessitate a review sooner.

Additionally, the Board has previously approved eliminating the requirement to have consumer representation on all committees and making Advocacy for Adults and Collaborating for Kids entirely consumer focused. Clinical Advisory Committee is one of the committees that has had consumer representation in the past but has not been able to actively engage those committee members in the process. The two consumer committees review all of the same materials, such as the Clinical Practice Guideline, and make recommendations. This process brings more consumer perspectives than using one consumer on an otherwise provider focused committee. Tamara updated the charter to reflect that while consumers are welcome to participate, the committee is not required to have consumer representation.

Pat motioned to endorse the revised committee charter and Alan seconded the motion. The motion was approved unanimously.

D. Secure Residential Rehab RFP

Magellan has identified that members would benefit from additional Secure Residential Rehab providers. Currently Nebraska only has one provider with locations only in the Omaha area, and increasing providers could lead to additional access and improved quality of care as additional providers develop new services. It would also create more opportunity for consumer choice. Additionally, transition out of the program and planning for aftercare and community based services is difficult for members returning to western parts of the state. Ideally, additional providers would be in other areas of Nebraska.

Alan asked for additional information about the level of care and how member access the service and achieve discharge from the service. Janine reported that originally the program was set up as long-term care in Nebraska. This created a situation where members were not using the service as rehabilitation and as a result treatment modalities were often not effective. The provider has restructured the program and the lengths of stay are becoming much shorter. The strengths of the program are that while it is secure and highly supportive, it is community based and not fully restrictive. Members are offered freedoms not available in inpatient or subacute care. The program differs from Psych Residential Rehab because it is all-inclusive and members do not have to go to other service locations to receive a full scope of services. It offers an opportunity for members to transition from the hospital when their status is no longer acute, but they may not be ready to live independently. The current provider is willing to work with any Magellan member and the program is non-coercive.

The board identified potential obstacles to program development.

- Pat reported that providers will be looking for assurance that there is long-term commitment to the level of care before they invest in developing the program. Andrew reported that Magellan has reviewed the proposal with both Medicaid and DBH and they expressed full support of Magellan moving forward with program development. There are no indications at this time that the level of care will not continue to receive support.

- Connie identified work-force shortage as an area that would likely be a concern in her community.
- Ken discussed emphasizing the focus on rehabilitative services that encourage members to develop skills, and that will serve them as they move out of the facility. Alan supported this concern and a focus on discharge planning and recovery rather than compliance that encourages learned helplessness.
- Both Alan and Ken both identified that the level of care seems ideal for peer support services.

Pat asked if there would start up funding assistance available for provider. Andrew reported that this is being evaluated, but that Magellan could not respond specifically at this time. He did also report that the program would operate on a value-based contract from implementation.

The board agreed that moving forward with the RPF was appropriate. Andrew asked that members review the document and respond with recommended changes by July 2.

E. Provider Handbook updates

Tamara reported that whenever possible Magellan attempts to match the Medicaid and DBH regulations for levels of care. DBH recently made changes to the staffing requirements for multiple levels of care that specify lived experience as a potential qualification. Magellan has reviewed Medicaid regulations, and for levels of care that do not have specific staffing regulations proposed changing service definitions (Provider Handbook Appendix B) to match the DBH requirements. This would underscore the value of peer support and lived experience in treatment environments, while also addressing workforce shortage.

The change would apply to most intermediate residential levels of care. However, Medicaid regulations are specific to staffing for Secure Residential Rehab programs so the change could not be made for that level of care without regulation change or a specific exception being made by Medicaid. Ken asked the reasoning for the differing regulations and Lori reported that to her knowledge this was a result of regulations being revised at different times and not a reflection of a specific need for that level of care.

Lori motioned to accept the recommendation that the Title 206 changes be incorporated into Appendix B. Alan seconded the motion and all board members approved.

Additionally, Tamara informed the committee of an edit made to Medical Necessity Criteria (Provider Handbook Appendix C). Language related to a 16 bed limit for Psychiatric Residential Rehab was removed. This language is related to federal concerns, but was not in Appendix B so programs in Nebraska were not held to this standard. Tamara did specify that if CMS determines that this is a concern then Magellan will have to respond based on their decisions. The MNC will be posted in draft form to the Magellan of Nebraska website for 60 days for review and comment prior to being final.

F. Provider Rate Increases and Communication

Pat asked how information about the provider rate increased was communicated to providers. His concern is that one communication is not sufficient for an organization and requested that multiple people in an organization be given the information.

Teresa explained that rates are a part of the contractual agreement with providers. As a result, changes are required to be communicated in writing to the person identified by the organization as the contract manager.

For other communications that are sent by email, Teresa reported that providers are able to have the communication sent to multiple people. Providers can change who received the Magellan emails at any time through the Magellan Provider website. Teresa agreed to explain this process in the next Magellan Newsletter.

G. Value-Based Contracting.

Pat asked if there are non-Magellan resources that providers can access that would help them gain a base-line understanding of value-based contracting. Andrew and John agreed to look into the question and consider if there are ways to share information with providers.

The board discussed CMS's interest in quality measures for treatment services. Pat identified that a concern is that quality measures can be manipulated. Andrew explained that Magellan's goal is to work with providers where they are now, with identified goals to move toward. Primary areas of focus for Magellan are community tenure and how the member self-reports that they are progressing. Alan reported that Region 5 is currently using the National Outcomes Measurement System to measure quality of care.

H. Medicaid Regulations

Pat reported that various provider organizations met with the Medicaid Director to discuss updating the Chapter 32 regulations. There is identified interest in simplifying the regulations and eliminating requirements that don't impact quality of care.

I. Nurse Practitioners

Pat asked about the recent change in Nebraska legislation related to Nurse Practitioners. Janine reported that this will have little impact on current practices. Over time it may draw additional providers to the practice, but there is not like to be an immediate increase in availability.

J. Telehealth Regulations

Pat identified the need for additional changes to the telehealth policy, including increased reimbursement for the originating site. Andrew reported that Magellan has made the same recommendation and will support additional development of telehealth service.

K. Drug Utilization Review Board

Janine provided an update on the DUR Board. This process was put in place due to the significant increase in medication in recent years, including high and off label use of medication with children. States are being directed to take action to manage these concerns.

The DUR Board has established a process which required two psychiatrists to review and authorize the use of medication outside of established guidelines. There have been system issues such as increased paperwork burden, but overall the process has been positive and they have seen a decrease in these practices. Janine reported that the primary concerns were for providers who did not prepare for the change in process and were caught off guard.

L. Out of state Placements for Mental Health Services

Pat identified that youth placed outside of Nebraska for services has been a concern in the past, and asked if that is still a concern. Tamara reported that Magellan rarely has youth placed out of state, and currently only has one. She did identify that she can only report for Magellan and other system partners such as CFS, NFC, and Probation may still be addressing this issue.

Next Meeting:

July 16, 2015, 2:00 – 4:00

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____